

APPRENTICESHIP AGREEMENT

APP-50

PLEASE TYPE OR PRINT CLEARLY)

5/08

PROGRAM REGISTRATION NUMBER

SOCIAL SECURITY NUMBER

D.O.T. NUMBER

There shall be a period of probation of not more than four (4) months during which the apprenticeship agreement may be terminated by either party to the agreement upon written notice to the registration agency. After the probationary period, the agreement may be suspended, cancelled, or terminated by the supervisor by mutual agreement of the parties, or by the supervisor for good and sufficient reason, with due notice to the apprentice and reasonable opportunity for corrective action, and with written notice to the apprentice and to the sponsor of final action taken. All controversies or differences concerning the apprenticeship or on-the-job training agreement which cannot be adjusted by the parties shall be submitted to the supervisor for determination as provided in KRS 343.070.

The program sponsor and apprentice agree to the terms of apprenticeship standards as incorporated as part of this agreement.

1. AGREEMENT BETWEEN APPRENTICE AND: ("X" one) a. <input type="checkbox"/> Employer b. <input type="checkbox"/> Joint Committee c. <input type="checkbox"/> Non-Joint Committee			2. DATE OF AGREEMENT (Month, Day, Year)			3. NAME OF APPRENTICESHIP STANDARDS (NAME & ADDRESS)					
4. NAME OF APPRENTICE (Last, First, Middle)						6. DATE OF BIRTH (MM/DD/YY)			7. SEX ("X" one) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
5. APPRENTICE'S ADDRESS (Street, City, County, State, Zip Code)						8. RACE/ETHNIC GROUP ("X" one) a. <input type="checkbox"/> Caucasian b. <input type="checkbox"/> Black c. <input type="checkbox"/> American Indian d. <input type="checkbox"/> Hispanic e. <input type="checkbox"/> Asian f. <input type="checkbox"/> Other					
9. SIGNATURE OF APPRENTICE				DATE		10. SIGNATURE OF PARENT/GUARDIAN (If minor)				DATE	
11. TRADE				12. TERM OF APPRENTICESHIP (Hours)			13. PROBATIONARY PERIOD (Hours)				
14. CREDIT FOR PREVIOUS EXPERIENCE (Hours)		15. TERM REMAINING (Hours)		16. DATE APPRENTICESHIP BEGINS (MM/DD/YY)			17. RELATED INSTRUCTION TRAINING (No. Hrs/Yr.)				
18. APPRENTICE WAGES FOR RELATED INSTRUCTION TRAINING ("X" One) a. <input type="checkbox"/> will be paid b. <input type="checkbox"/> will not be paid						19. PRESENT JOURNEYPEPERSON'S HOURLY WAGE RATE \$					
20. VETERAN STATUS ("X" One) <input type="checkbox"/> YES <input type="checkbox"/> NO											
21. APPRENTICE WAGES- The apprentice schedule of pay shall be listed after each advancement period. The work processes listed in the standards (item 3 above) are part of this agreement.											
PERIOD	TERM	%	PERIOD	TERM	%	PERIOD	TERM	%			
(Hours)			(Hours)			(Hours)					
A.	B.	C.	A.	B.	C.	A.	B.	C.			
1			2			3					
4			5			6					
7			8			9					
10			11			12					
13			14			15					
22. SIGNATURE OF COMMITTEE (if applicable)				DATE SIGNED		23. SIGNATURE OF AUTHORIZED OFFICIAL					
						(Employer/Sponsor)				DATE SIGNED	
SIGNATURE OF COMMITTEE (if applicable)				DATE SIGNED							
25. NAME AND ADDRESS OF DESIGNEE TO RECEIVE INQUIRIES						24. REGISTRATION AGENCY FOR STATE AND FEDERAL PURPOSES KENTUCKY LABOR CABINET DEPARTMENT OF WORKPLACE STANDARDS DIVISION OF EMPLOYMENT STANDARDS, APPRENTICESHIP AND TRAINING IN COOPERATION WITH THE APPRENTICESHIP & TRAINING COUNCIL					
						26. SIGNATURE (Supervisor of Apprenticeship)				DATE REGISTERED	